

# REQUEST FOR VERIFICATION OF BIRTH/DEATH

\_\_\_\_\_  
(Date)

It is necessary to verify the following birth/death record. Please check information on the individual named below. If there are any discrepancies please note.

## **BIRTH**

### **DATA FROM AGENCY**

### **VITAL STATISTICS DATA**

Name of child \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Place of birth \_\_\_\_\_  
Maiden name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_

Name of child \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Place of birth \_\_\_\_\_  
Maiden name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_

## **DEATH**

Name of deceased \_\_\_\_\_  
Date of death \_\_\_\_\_  
Place of death \_\_\_\_\_  
Cause of death \_\_\_\_\_

Name of deceased \_\_\_\_\_  
Date of death \_\_\_\_\_  
Place of death \_\_\_\_\_  
Cause of death \_\_\_\_\_

REMARKS:

RETURN TO:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Case Name)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Case Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Phone number of case worker)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

## **FOR VITAL STATISTICS USE ONLY**

REMARKS:

Record Number \_\_\_\_\_

Checked by \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Requested information matches information on certificate

Differences have been noted above